cibly upward and forward, and the posterior vaginal fornix is opened. The posterior lip of the cervix is seized with a volsella, drawn upward through the incision, and the vaginal attachment is severed all the way around. It is then easy to separate the bladder from below. The uterus is now held by the broad ligaments alone. An assistant grasps one ligament between his thumb and fingers while the operator divides it. Pressure is relaxed sufficiently to allow the uterine artery to spurt, when it is isolated with forceps and ligated, the vein being also secured if necessary. The ovarian artery and distal end of the tube are then tied separately. The same procedure is adopted on the opposite side, and the uterus is removed, the peritoneal edges being united with a continuous catgut suture. The vaginal wound may be closed, if desired, with the same or with a separate suture. No drainage is employed.

The writer believes that it is better to leave the adnexa if normal, as the operation is thus simplified. When it is necessary to remove them on account of disease, the broad ligament is first incised below the tube, or the tube and ovary are excised and the ovarian artery is tied after the uterine has been secured.

The writer regards this as the ideal operation in cases in which Douglas's pouch and the broad ligaments are free and accessible. If the mass is retrocervical or intraligamentous, it is enucleated sufficiently to expose the posterior vaginal fornix, when the same technique is employed.

The advantage claimed is that no stumps are left and mass-ligatures are not used, so that subsequent adhesions are less likely to form, and the danger of secondary hemorrhage is diminished.

Destruction of the Endometrium by Hot Injections.—SCHICK (*Ibid.*) discusses the value of various methods of removing the diseased endometrium. The ideal method, he believes, should fulfil the following requirements: 1. Absolute asepsis; 2. Removal of the entire tissues down to the muscular layer; 3. Thorough removal, so that no portion of the mucosa may remain; 4. Limitation of the destructive action, so that extensive injury to the deeper parts may be avoided.

None of the procedures usually adopted satisfies these requirements. In curettement the diseased mucosa is rarely completely removed, and then only in puerperal cases. Chemical agents, especially chloride of zinc, may cause destruction of the subjacent muscular tissue in some spots, while in others islands of mucous membrane remain untouched. Electrolysis produces the same result as caustics, though less effectively.

The writer, after various experiments, came to the conclusion that the effect of hot water was most satisfactory. Before employing it in the living subject he studied its action upon the endometrium in freshly extirpated uteri. Water at a temperature of 80° to 85° C. was allowed to flow through an intrauterine catheter for periods ranging from thirty seconds to two minutes. After half a minute the entire mucosa was seen to be covered with a thin whitish layer, which penetrated more deeply according to the length of exposure to the action of the hot water. As practised on the living subject the writer's technique was as follows: The cervical canal is dilated with lamina tents until it admits the little finger. The patient is anæsthetized, the genitals rendered thoroughly aseptic and the cervix is seized and drawn down with a volsella. To a kettle of water, heated by a Bunsen burner, is attached a rubber tube on which is fitted a Bozeman-Fritsch double-current catheter. A second tube communicates with a receptacle filled with ice-water, which is allowed to flow into the vagina before and during the operation. The hot water is now allowed to enter the uterus while the end of the catheter is constantly turned in different directions in order that the entire endometrium may be affected. As the hot water escapes from the os it mingles with the cold, and thus does not burn the vagina. Since the action of the heat is more intense upon living than upon dead tissues, the writer adds the caution that thirty seconds should be the limit of exposure. The degree of reaction is noted by the marked contraction of the uterus.

Several successful cases of menorrhagia are reported (including two cases of abortion and one of fibromyoma), in none of which were any unpleasant effects observed.

The writer calls attention to the different action of steam and hot water. The former has been introduced into the uterus for the purpose of controlling hemorrhage, while the effect of the latter is to destroy the entire lining membrane of the organ. While the writer has seen no failure of the mucosa to become regenerated when it is exposed to the action of the heat for half a minute, he thinks it wiser, until the subject has been more fully studied, to employ it only in the case of women with fibroids and those who are near the climacteric, in whom the preservation of the function of menstruation would be less important.

Anatomy of the Round Ligaments.—Beuttner (*Monatschrift für Geb. und Gynäkologie.* Band v., Heft. 3) found from his studies in the cadaver that it was difficult to find the ligaments after they left the external ring. He advises that they be sought in the canal or at the internal ring. The average thickness of the ligament is 2.3 mm. There is considerable variation in the distance from Poupart's ligament at which they are found, as well as in the extent to which the cord can be drawn out (one and one-half to four inches).

In one case the ligament was split up into separate fibres in the broad ligament. It was found that by fixing the shortened cords near the symphysis the uterus was anteverted further, while by attaching them near the anterior spine more elevation of the organ was obtained, hence the latter method is preferable. On distending the bladder the uterus is seen to be in normal anteflexion when thus suspended. If the ligaments are attached near the symphysis diverticula of the bladder are formed when the organ is distended, which might readily give rise to disturbances in the living subject.

Primary Sterility.—Vedeler (*Norsk. Mag. for Lägevid; Centralbatt für Gynäkologie*, No. 26, 1897) investigated the causes of sterility in 310 women who had been married for upward of a year without becoming pregnant, the average period being three years. Fifty husbands were examined, thirty-eight of whom had had gonorrhœa and thirty-four had certainly infected their wives. In 64 per cent. of the women evidences of pelvic inflammatory processes were discovered, which were doubtless of gonorrhœal origin.